

Montana Medicaid - Fee Schedule Children's Chiropractic (EPSDT)

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code description. You must refer to the appropriate official CPT-4, HCPCS or CDT-3 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee. Laboratory services paid at 60% of listed fee

By Report (BR): Equals 55% of billed charges

Anes Value: Number of anesthesia base value units

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

Global – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

Space: Global concept does not apply to this code

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the usual global period does not apply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

Chiropractic services are only available for children 20 years and under and QMB

Providers must enter a "1" in field 24H of the HCFA 1500 claim form to indicate an EPSDT service

**Montana Medicaid - Fee Schedule
Children's Chiropractic (EPSDT)**

Proc	Modifier	Description	Effective	Method	Fee	Global	PA
99201		OFFICE/OP VISIT FOR E/M NEW PATIENT - REQUIRES 3 KEY COMPONE	07/01/2000	RBRVS	\$34.29		
99202		OFFICE/OP VISIT FOR E/M NEW PATIENT - REQUIRES 3 KEY COMPONE	07/01/2000	RBRVS	\$53.82		
99203		OFFICE/OP VISIT FOR E/M NEW PATIENT - REQUIRES 3 KEY COMPONE	07/01/2000	RBRVS	\$61.41		
99204		OFFICE/OP VISIT FOR E/M NEW PATIENT - REQUIRES 3 KEY COMPONE	07/01/2000	RBRVS	\$81.20		
99205		OFFICE/OP VISIT FOR E/M NEW PATIENT - REQUIRES 3 KEY COMPONE	07/01/2000	RBRVS	\$116.28		
99211		OFFICE OR OTH OP E/M VISIT EST PT PHYS PRESENCE NOT REQUIRE	07/01/2000	RBRVS	\$16.84		
99212		OFFICE/OP VISIT FOR E/M EST PATIENT - REQUIRES 2 KEY COMPONE	07/01/2000	RBRVS	\$29.20		
99213		OFFICE/OP VISIT FOR E/M EST PATIENT - REQUIRES 2 KEY COMPONE	07/01/2000	RBRVS	\$33.79		
99214		OFFICE/OP VISIT FOR E/M EST PATIENT - REQUIRES 2 KEY COMPONE	07/01/2000	RBRVS	\$52.21		
99215		OFFICE/OP VISIT FOR E/M EST PATIENT - REQUIRES 2 KEY COMPONE	07/01/2000	RBRVS	\$77.24		
98940		CHIROPRACTIC MANIPULATIVE TX; SPINAL ONE TO TWO REGIONS	07/01/2000	RBRVS	\$23.26	000	
98941		CHIROPRACTIC MANIPULATIVE TX; SPINAL THREE TO FOUR REGIONS	07/01/2000	RBRVS	\$30.60	000	
98942		CHIROPRACTIC MANIPULATIVE TX; SPINAL FIVE REGIONS	07/01/2000	RBRVS	\$38.86	000	
98943		CHIROPRACTIC MANPULATIVE TX; EXTRASPINAL ONE OR MORE REGIONS	07/01/2000	RBRVS	\$23.09		
72010		RAD EXAM SPINE ENTIRE SURVEY STUDY ANTEROPOSTERIOR & LAT	07/01/2000	RBRVS	\$62.78		
72010	TC	RAD EXAM SPINE ENTIRE SURVEY STUDY ANTEROPOSTERIOR & LAT	07/01/2000	RBRVS	\$36.97		
72010	26	RAD EXAM SPINE ENTIRE SURVEY STUDY ANTEROPOSTERIOR & LAT	07/01/2000	RBRVS	\$25.86		
72040		RAD EXAM SPINE; CERVICAL ANTEROPOSTERIOR AND LATERAL	07/01/2000	RBRVS	\$29.10		
72040	TC	RAD EXAM SPINE; CERVICAL ANTEROPOSTERIOR AND LATERAL	07/01/2000	RBRVS	\$19.02		
72040	26	RAD EXAM SPINE; CERVICAL ANTEROPOSTERIOR AND LATERAL	07/01/2000	RBRVS	\$10.07		
72070		RAD EXAM SPINE; THORACIC ANTEROPOSTERIOR AND LATERAL	07/01/2000	RBRVS	\$30.60		
72070	TC	RAD EXAM SPINE; THORACIC ANTEROPOSTERIOR AND LATERAL	07/01/2000	RBRVS	\$20.52		
72070	26	RAD EXAM SPINE; THORACIC ANTEROPOSTERIOR AND LATERAL	07/01/2000	RBRVS	\$10.07		
72100		RAD EXAM SPINE LUMBOSACRAL; ANTEROPOSTERIOR & LATERAL	07/01/2000	RBRVS	\$31.18		
72100	TC	RAD EXAM SPINE LUMBOSACRAL; ANTEROPOSTERIOR & LATERAL	07/01/2000	RBRVS	\$21.10		
72100	26	RAD EXAM SPINE LUMBOSACRAL; ANTEROPOSTERIOR & LATERAL	07/01/2000	RBRVS	\$10.07		